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GOVERNOR

STATE OF MAINE  
DEPARTMENT OF  
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COMMISSIONER

## AQUACULTURE LEASE TRANSFER APPLICATION

1. Name of lessee: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
2. Identify the aquaculture lease you request to be transferred: \_\_\_\_\_  
\_\_\_\_\_
3. Name and address of person to whom you request the lease to be transferred  
(transferee): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Identify aquaculture leases, if any, held by the transferee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Has the lessee conducted substantial aquaculture on the lease sites, including but not  
limited to seeding, cultivation or harvest of organisms? \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Transferee